Organization			
Address			
City/State/Zip			
Date of Event	Type of Event		
Guest Count	Time of Event	to	
Contact Person			
Telephone/FAX			
Selected Caterer			
Caterer's Telephone			
I understand that the Michig agreement as confirmation (issue a duplicate cop	y of this signed
By signing this agreement, I Center. I agree to abide by th of Michigan–Michigan Histor against any and all loss, dan the actions of the applicant.	hese conditions and to in rical Center and its man nage, claim or liability o	ndemnify and hold hai agement, employees	rmless the State and volunteers
Organization representative		Date	
Center representative		Date	
Foundation representative		Date	



P.O. Box 17035 • Lansing, MI 48901 517-373-2565 • FAX 517-241-3647